

STD 262 (REV 10/92)

CLAIMANT'S NAME			SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
John Cruz						
POSITION		CB/D NUMBER	DIVISION OR BUREAU			INDEX NUMBER
Appointments Secretary						
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS			TELEPHONE NUMBER
			1350 Front Street, Suite 6054			
CITY	STATE	ZIP	CITY	STATE	ZIP	
			San Diego	California	92101	

MONTH/YEAR 11/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
										MILES	AMOUNT			
1.31.10	7:00pm	OC to SAC	134.93			10.70	6.00	161.70			40.00	0.00		353.33
2.1.10		SAC	134.93		10.00	18.00	6.00				0.00		168.93	
2.2.10		SAC	134.93		8.40		6.00				0.00		149.33	
2.3.10	9:00pm	SAC to OC		6.00	10.00	14.88		161.70		91.00	0.00		283.58	
2.9.10	9:00am	OC to SAC	134.93		7.49		6.00	161.70		40.00	0.00		350.12	
2.10.10		SAC	134.93		8.18	18.00	6.00				0.00		167.11	
2.11.10	8:00pm	SAC to OC			7.55	12.05		161.70		87.00	0.00		268.30	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
SUBTOTALS			674.65	6.00	51.62	73.63	30.00	646.80	0.00	258.00	0	0.00	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL												1730.00	\$1,740.70	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

1.31.10 - 2.3.10 Staff meetings, sign time with GAS, and meetings with potential appointees.

2.9.10 - 2.11.10 Appointments sign time with GAS, meetings with staff, interviews.

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 240903

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CL	DATE 2/17/10	SIGNATURE OF OFFICER [Signature]	DATE 2/18/10
SIGNATURE OF TITLE OF AUTHORITY FOR SUBMISSION [Signature]			DATE [Blank]